



Guide for IYTP

COMPLETE THE CLIENT PROFILE

Complete the following screens: Client Profile, Additional Information, Military Screen (if applicable), Contact Info, and Collateral/Custodial Contact (if applicable).

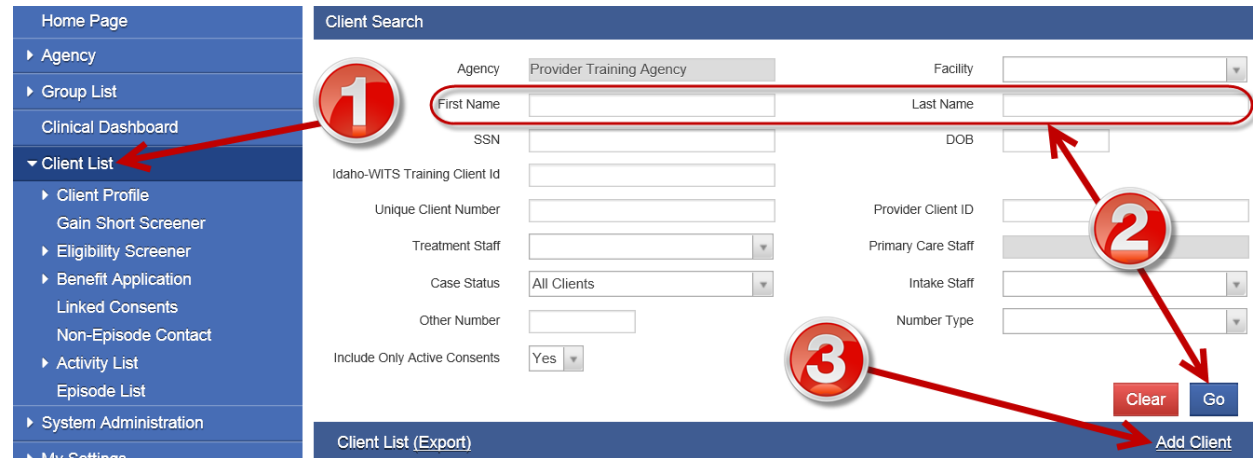
1. **Getting here:** Login, select the Facility, select Client List on the Navigation Pane (left menu) to generate the Client Search Screen.
2. Search for the client to determine if the client record already exists in WITS. Enter the First Name and/or Last Name of the client. Click Go.

NOTE: If the client record already exists in WITS, proceed to Create the Intake.

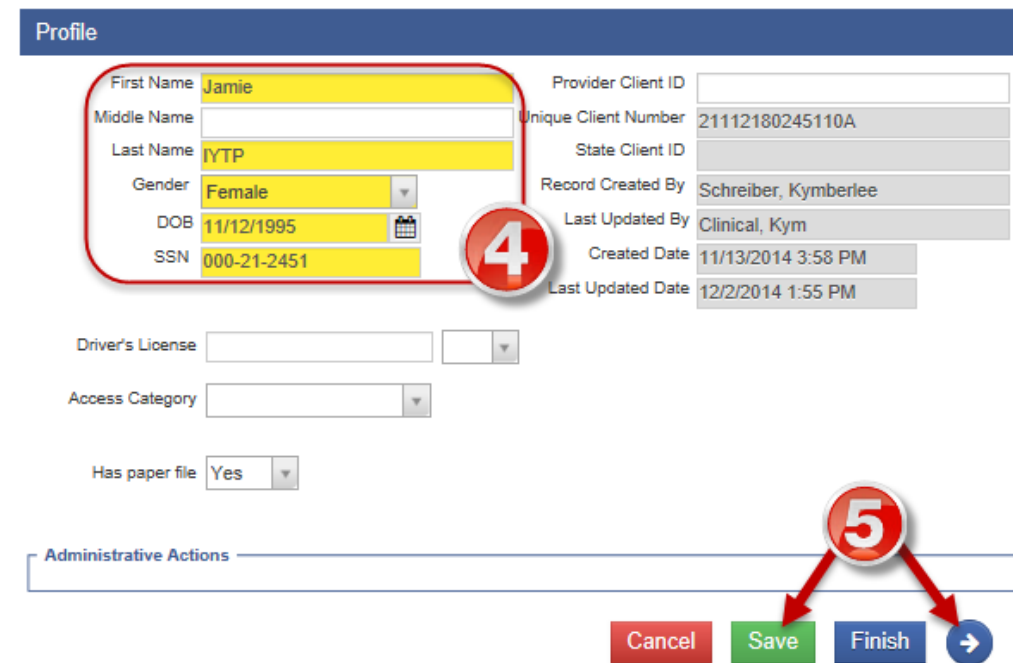
3. Click Add Client.

4. Complete all required fields.

5. Click Save and  twice to advance to the Additional Information screen.






The screenshot shows the 'Client Search' interface. On the left is a navigation pane with a blue header and white text. The 'Client List' item is highlighted with a red arrow and a red circle containing the number 1. The main area has a white background with a blue header 'Client Search'. It contains several input fields: 'Agency' (dropdown), 'Facility' (dropdown), 'First Name' (text), 'Last Name' (text), 'SSN' (text), 'DOB' (text), 'Idaho-WITS Training Client Id' (text), 'Unique Client Number' (text), 'Treatment Staff' (dropdown), 'Provider Client ID' (text), 'Primary Care Staff' (text), 'Case Status' (dropdown), 'Intake Staff' (text), 'Other Number' (text), and 'Number Type' (text). There are 'Clear' and 'Go' buttons at the bottom right. A red arrow points from a red circle with the number 2 to the 'Go' button. Another red arrow points from a red circle with the number 3 to the 'Add Client' button at the bottom right.

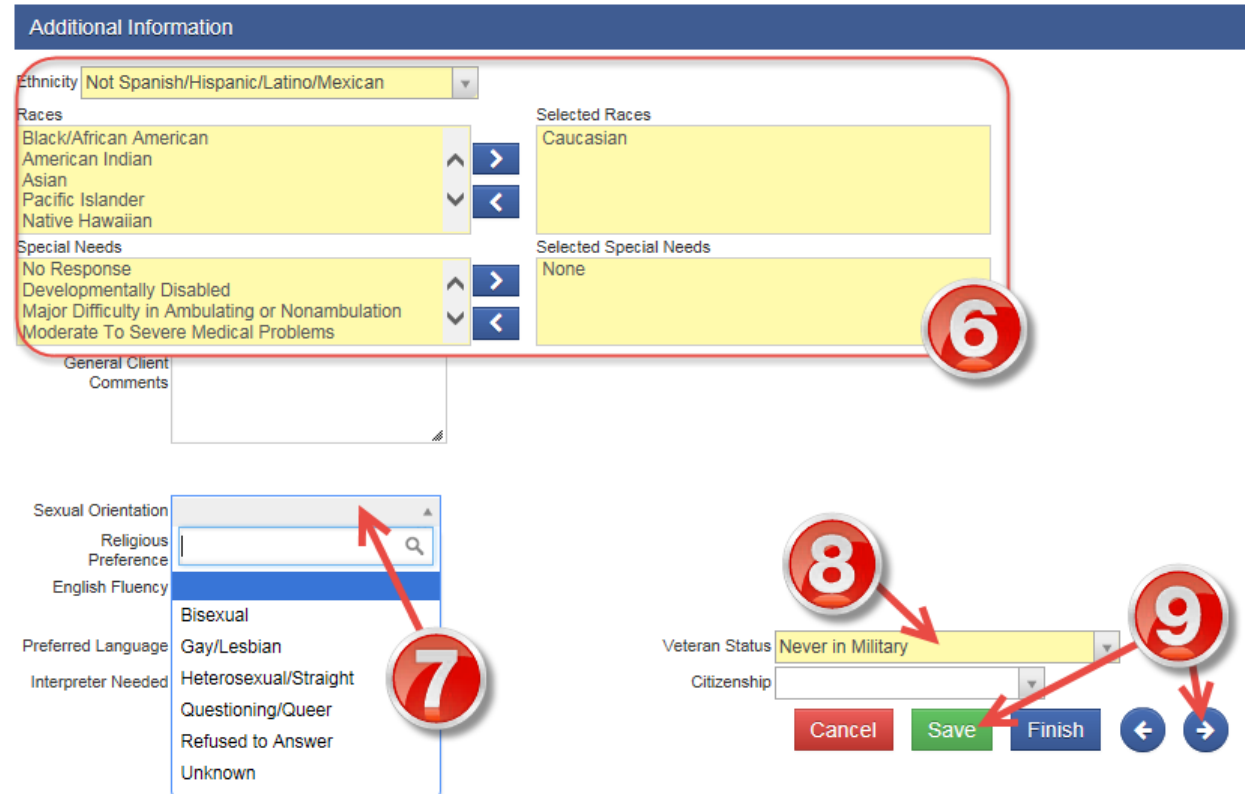


The screenshot shows the 'Profile' screen. It has a blue header 'Profile'. The main area has a white background. It contains several input fields: 'First Name' (text), 'Middle Name' (text), 'Last Name' (text), 'Gender' (dropdown), 'DOB' (text), 'SSN' (text), 'Provider Client ID' (text), 'Unique Client Number' (text), 'State Client ID' (text), 'Record Created By' (text), 'Last Updated By' (text), 'Created Date' (text), 'Last Updated Date' (text), 'Driver's License' (text), 'Access Category' (dropdown), and 'Has paper file' (dropdown). There are 'Cancel', 'Save', and 'Finish' buttons at the bottom right. A red arrow points from a red circle with the number 4 to the 'Save' button. Another red arrow points from a red circle with the number 5 to the 'Finish' button.

Complete the Client Profile – Additional Information

6. Select **Ethnicity**, select **Races**, and select **Special Needs**. To select **Races**, click on the **Races** in the left box and click  to move the highlighted **Races** to the **Selected Races** box on the right. Follow this same process for **Special Needs**.
7. Select **Sexual Orientation**. This is not a required field in WITS and therefore is not a yellow field. **This is required information to be collected on IYTP clients.**
8. Select **Veteran Status**.
9. Click **Save** and click  to advance to the Military Information screen **only** when the Veteran Status is Active Duty, Active Guard and Reserves, or Veteran. If not applicable, Click  twice to advance to the Contact Info screen (proceed to Step 12).

NOTE: All light yellow screens on the Client Profile and Intake must be completed prior to conducting a GAIN-I Assessment.



The screenshot shows the 'Additional Information' form. A red box highlights the top section with a red circle containing the number 6. This section includes:


- Ethnicity:** A dropdown menu with 'Not Spanish/Hispanic/Latino/Mexican' selected.
- Races:** A list of races (Black/African American, American Indian, Asian, Pacific Islander, Native Hawaiian) with a right arrow button to move them to the 'Selected Races' box.
- Special Needs:** A list of special needs (No Response, Developmentally Disabled, Major Difficulty in Ambulating or Nonambulation, Moderate To Severe Medical Problems) with a right arrow button to move them to the 'Selected Special Needs' box.
- Selected Races:** A box containing 'Caucasian'.
- Selected Special Needs:** A box containing 'None'.
- General Client Comments:** A text area.

Below this, a dropdown menu for 'Sexual Orientation' is shown with a red circle containing the number 7. The dropdown is open, showing options: Bisexual, Gay/Lesbian, Heterosexual/Straight, Questioning/Queer, Refused to Answer, and Unknown.

At the bottom, the 'Veteran Status' dropdown is set to 'Never in Military' with a red circle containing the number 8. Below it is the 'Citizenship' dropdown. At the bottom right are buttons for 'Cancel', 'Save', 'Finish', and navigation arrows. A red circle containing the number 9 points to the 'Save' button.

Complete the Client Profile – Military Information

NOTE: This screen must be completed only when the Veteran Status is Active Duty, Active Guard and Reserves, or Veteran.

10. Select **Military Branches** and select **Active** or **Dependent** (as circled).
11. Select **Military Reserve Branches**, select **Active or Dependent**, and select **State** (as circled).
12. Select **Combat Theaters**, select **Served or Dependent**, and select **No. of deployments** (as circled).
13. Select **Yes** or **No** for each questions regarding Traumatic Brain Injury.
14. Click **Save** and click  to advance to the Contact Info screen.

Military Information

For which branch of the US forces are you on active duty or the dependent of someone on active duty?

Military Branches

Selected Military Branches

Air Force, Active

Active

Dependent

Are you Active Guard Reserves or Active Duty for Special Work Guard or Reserves?

Military Reserve Branches

Selected Military Reserve Branches

Air Force Active Duty for Special Work Guard

Air Force Active Duty for Special Work Reserves

Air Force Active Reserves

Army Active Duty for Special Work Guard

Army Active Duty for Special Work Reserves

Army Active Guard

Army Active Reserves

Marine Corps Active Duty for Special Work Reserves

Marine Corps Active Reserves

Naval Active Duty for Special Work Reserves

Naval Active Reserves

Active

Idaho

Have you served or are you the dependent of someone who served in a combat theater of operation? If so, please indicate how many deployments.

Combat Theaters

Selected Combat Theaters

Desert Storm

Global War on Terror, Operation Enduring Freedom

Global War on Terror, Other

Korea

None

Vietnam

WWII

Served

No. of deployments

2



Have you been screened for Traumatic Brain Injury? Yes

If yes, have you been diagnosed with a Traumatic Brain Injury? No

Have you been screened for Post Traumatic Stress Disorder? Yes

If yes, have you been diagnosed with Post Traumatic Stress Disorder? Yes

Cancel Save Finish

Complete the Client Profile – Contact Info

15. Click **Add Address**.

NOTE: Phone numbers and an email address should be entered to allow BPA and treatment provider the ability to contact the client.

16. Select **Address Type**, enter **Address Line 1**, **City**, **State** and **Zip**. Click **Finish**.

17. WITS will check the address entered against the United States Postal Service database. Click **Select** to verify the address as it was entered or **Edit** to correct errors.

18. Click **Save** and **Finish**.

The screenshot displays the 'Contact Info' form in the WITS system. Step 15 points to the 'Add Address' button in the 'Addresses' section. Step 16 points to the 'Address Information' section, where 'Address Type' is set to 'Client Home', 'Address Line 1' is '8888 Honey Crisp Lane', 'City' is 'Boise', 'State' is 'ID', and 'Zip' is '83714'. Step 17 points to the 'Address Validation' section, which shows a message: 'We attempted to validate your address with the United States Postal Service database, but no match was found.' Below this, a table lists the 'Original address' as '8888 Honey Crisp Lane, Boise, Idaho 83714' with 'Select' and 'Edit' actions. Step 18 points to the 'Save' and 'Finish' buttons at the bottom of the form.

Contact Info

Home Phone # Preferred Method of Contact

Work Phone #

Mobile #

Other Phone #

Fax #

Email Address

Addresses Add Address

| Actions | Address Type | Address | Confidential | Created | Updated |
|---------|--------------|---------|--------------|---------|---------|
| | | | | | |

Cancel Save Finish ← →

Address Information

Address Type Confidential

Address Line 1

Address Line 2

City State Zip

Cancel Finish

Address Validation

We attempted to validate your address with the United States Postal Service database, but no match was found.

You may maintain your address (Select) or go back and change it (Edit).

| Address | Actions |
|---|---------------------------------------|
| Original address: 8888 Honey Crisp Lane, Boise, Idaho 83714 | Select Edit |

Contact Info

Home Phone # Preferred Method of Contact

Work Phone #

Mobile #

Other Phone #

Fax #

Email Address

Addresses Add Address

| Actions | Address Type | Address | Confidential | Created | Updated |
|---------|--------------|--|--------------|-----------|-----------|
| | Client Home | 8888 Honey Crisp Lane Boise, ID 83714 | No | 12/5/2014 | 12/5/2014 |
| | | | | | |

Cancel Save Finish ← →

CREATE THE INTAKE

1. Click **Activity List** on the Navigation Pane (left menu).
2. Click **Start New Episode**.
3. **Complete all required fields.**
4. Select the **Date of First Contact** and update the **Intake Date**, if necessary. Select the **Pregnant** status and enter the **Due Date**, if necessary.
5. Select **Idaho Youth Treatment Program (IYTP)** as the **Priority Population**. Select **Yes** or **No** for **HIV Tested** and select the status for **Past IV Drug Use**.
6. Enter **Presenting Problem** in Client's Own Words.
7. Select **Inter-Agency Services**.
8. Click **Save** and **Finish**.

The screenshot shows the 'Intake Case Information' form with the following fields and values:

- Navigation Pane (Left):** Home Page, Agency, Group List, Clinical Dashboard, Client List (selected).
- Episode List (Top):** A table with columns: Actions, Case #, Status, Facility, Intake By, Intake Date, Closed Date, Latest PE, Domains. A 'Start New Episode' link is in the top right.
- Intake Case Information (Main Form):**
 - Intake Facility:** Treatment Location 1
 - Intake Staff:** Schreiber, Kymberlee
 - Initial Contact:** Appointment
 - County of Res.:** ADAMS
 - Source of Referral:** Individual/Self
 - Referral Contact:** (Empty)
 - Case #:** 1
 - Case Status:** Open Active
 - Date of First Contact:** 11/13/2014
 - Intake Date:** 11/13/2014
 - Pregnant:** No
 - Due Date:** (Empty)
 - Priority Population:** Idaho Youth Treatment Prog...
 - HIV Tested?:** (Empty)
 - Past IV Drug Use:** No
 - Presenting Problem (In Client's Own Words):** I'm ready to change.
 - Inter-Agency Service:** Child Protective Services (CPS), Court/Legal Interface, Developmental Disabilities, Domestic Violence
 - Inter-Agency Service Selected:** *None
 - Domains:** ATR
 - Selected Domains:** Substance Abuse
 - Date Closed:** (Empty)
 - Buttons:** Cancel, Save, Finish

Numbered callouts (1-8) indicate the steps for creating a new episode:

- Click **Activity List** on the Navigation Pane.
- Click **Start New Episode**.
- Complete all required fields.
- Select the **Date of First Contact** and update the **Intake Date**, if necessary. Select the **Pregnant** status and enter the **Due Date**, if necessary.
- Select **Idaho Youth Treatment Program (IYTP)** as the **Priority Population**. Select **Yes** or **No** for **HIV Tested** and select the status for **Past IV Drug Use**.
- Enter **Presenting Problem** in Client's Own Words.
- Select **Inter-Agency Services**.
- Click **Save** and **Finish**.

CONDUCT THE GAIN-I ASSESSMENT

1. Click **Assessments** on the Navigation Pane (left menu) and click **GAIN**.
2. Click **Sync Client Profile** and click **Perform GAIN Assessment**.
3. GAIN ABS will display in a separate window. Click **Treatment Episode** under the Client Record View.

NOTE: DO NOT click Create New Treatment Episode. Using this function will cause GAIN to have more episodes in WITS and the GRRS will NOT download into WITS when the number of episodes does not match.

4. Click **GAIN-I Interactive Interview**.

Home Page
 > Agency
 > Group List
 Clinical Dashboard
 > Client List
 > Client Profile
 > Gain Short Screener
 > Eligibility Screener
 > Benefit Application
 > Linked Consents
 > Non-Episode Contact
 > Provider Appointments
 > Activity List
 > Intake
 > Fee Determination
 > Drug Testing
 > Wait List
 > Screening
 > Assessments
 > Mental Health
 > GAIN

In order to start a GAIN assessment, you must do the following:
 1. Complete Client Profile Module in WITS.
 2. Use the Sync Client Information action button below to send the Client Profile information to GAIN.
 3. When you receive an information message that the record was "Successfully Synced", click on the Perform GAIN Assessment action button to launch a GAIN window. You will need a GAIN account to do this. (If you don't have a GAIN Account, please call your WITS Administrator).
 4. After completing one of the GAIN Assessments, click the Download / Update GAIN Summaries action button, which will pull the GAIN information back into WITS so that it can become part of the Client's electronic medical record.
 5. To view a completed GAIN Summary, click the Review action button.

| Actions | GAIN Domain | GAIN Template | Assessment Date | Last Updated Date |
|--------------------------------|-------------|---------------|-----------------|-------------------|
| Sync Client Profile | | | | |
| Perform GAIN Assessment | | | | |
| Download/Update GAIN Summaries | | | | |

GAIN ABS
 Ver.1.1.3.8 Idaho Main Search Logout ?

Client Record View
 Cindy Nou

Client Record
 Treatment Episode 1

GAIN ABS
 Ver.1.1.3.8 Idaho Main Search Logout ?

Client Record View
 Cindy Nou

Client Record
 Treatment Episode 1

Treatment Episode 1
 GAIN-I Interactive Interview
 GAIN-I Data Entry
 GAIN-Q Interactive Interview
 GAIN-Q Data Entry
 GAIN-Q3 Interactive Interview
 GAIN-Q3 Data Entry


5. Select the Template of **GAIN-I 5.6.2 Full**.
6. Enter **IYTP** into the **Observation Verbatim** field.
7. Enter the **Time** and select **Morning** or **Afternoon**.

NOTE: Time must be entered in the specific format of 00:00 without the AM or PM designation. The designation of AM or PM is identified by choosing Morning or Afternoon.

8. Click **Save** and click **Begin Interview**.

GAIN ABS

Ver.1.1.3.8 ?



Assessment Header

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|----------|--------------------|-------|----------|---------------------|---|--|---------------------|-------|------------------|--------------|------------------|---|---------------|-------|-----------|--------------|---------------|--------------|---------------|---|----------|-----------------------|----------------|------|----------|-----------|--|----------------|---------|--------------------------|---|-----------------------|----------|------------------------|--------|----------------------------|---|------------------------|---------------|----------------|---|-------------------|-----|----------------------|--------|-----------------|--------------|----------------|---|------------------|---------|---|--|
| <table style="width: 100%;"> <tr> <td style="width: 30%;">Instrument Type</td> <td style="width: 70%;">: GAIN-I</td> </tr> <tr> <td>Instrument Version</td> <td>: 5.6</td> </tr> <tr> <td>Template</td> <td>: GAIN-I 5.6.2 Full</td> </tr> <tr> <td colspan="2"> <input checked="" type="radio"/> Interactive <input type="radio"/> Data Entry </td> </tr> <tr> <td>Data Entry Staff Id</td> <td>: 402</td> </tr> <tr> <td>Initial Key Date</td> <td>: 12/18/2014</td> </tr> <tr> <td>Initial Key Time</td> <td>:</td> </tr> <tr> <td>Edit Staff ID</td> <td>: 402</td> </tr> <tr> <td>Edit Date</td> <td>: 12/18/2014</td> </tr> <tr> <td>Study Site ID</td> <td>: Idaho Test</td> </tr> <tr> <td>Local Site ID</td> <td>:</td> </tr> <tr> <td>Staff Id</td> <td>: Kymberlee Schreiber</td> </tr> <tr> <td>Staff Initials</td> <td>: KS</td> </tr> <tr> <td>Language</td> <td>: English</td> </tr> </table> | Instrument Type | : GAIN-I | Instrument Version | : 5.6 | Template | : GAIN-I 5.6.2 Full | <input checked="" type="radio"/> Interactive <input type="radio"/> Data Entry | | Data Entry Staff Id | : 402 | Initial Key Date | : 12/18/2014 | Initial Key Time | : | Edit Staff ID | : 402 | Edit Date | : 12/18/2014 | Study Site ID | : Idaho Test | Local Site ID | : | Staff Id | : Kymberlee Schreiber | Staff Initials | : KS | Language | : English | <table style="width: 100%;"> <tr> <td style="width: 30%;">Participant ID</td> <td style="width: 70%;">: 10811</td> </tr> <tr> <td>Treatment Participant ID</td> <td>:</td> </tr> <tr> <td>Participant Last Name</td> <td>: Farkus</td> </tr> <tr> <td>Participant First Name</td> <td>: Scut</td> </tr> <tr> <td>Participant Middle Initial</td> <td>:</td> </tr> <tr> <td>Social Security Number</td> <td>: 311-00-8754</td> </tr> <tr> <td>Other/State ID</td> <td>:</td> </tr> <tr> <td>Observation Value</td> <td>: 0</td> </tr> <tr> <td>Observation Verbatim</td> <td>: IYTP</td> </tr> <tr> <td>Assessment Date</td> <td>: 12/18/2014</td> </tr> <tr> <td>Reference Date</td> <td>:</td> </tr> <tr> <td>What time is it?</td> <td>: 12:47</td> </tr> <tr> <td>Is it currently morning or afternoon (AM/PM)?</td> <td>: <input type="radio"/> Morning <input checked="" type="radio"/> Afternoon</td> </tr> </table> | Participant ID | : 10811 | Treatment Participant ID | : | Participant Last Name | : Farkus | Participant First Name | : Scut | Participant Middle Initial | : | Social Security Number | : 311-00-8754 | Other/State ID | : | Observation Value | : 0 | Observation Verbatim | : IYTP | Assessment Date | : 12/18/2014 | Reference Date | : | What time is it? | : 12:47 | Is it currently morning or afternoon (AM/PM)? | : <input type="radio"/> Morning <input checked="" type="radio"/> Afternoon |
| Instrument Type | : GAIN-I | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Instrument Version | : 5.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Template | : GAIN-I 5.6.2 Full | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="radio"/> Interactive <input type="radio"/> Data Entry | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Data Entry Staff Id | : 402 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Initial Key Date | : 12/18/2014 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Initial Key Time | : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Edit Staff ID | : 402 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Edit Date | : 12/18/2014 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Study Site ID | : Idaho Test | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Local Site ID | : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Staff Id | : Kymberlee Schreiber | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Staff Initials | : KS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Language | : English | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Participant ID | : 10811 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Treatment Participant ID | : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Participant Last Name | : Farkus | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Participant First Name | : Scut | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Participant Middle Initial | : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Social Security Number | : 311-00-8754 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other/State ID | : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Observation Value | : 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Observation Verbatim | : IYTP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Assessment Date | : 12/18/2014 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reference Date | : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What time is it? | : 12:47 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is it currently morning or afternoon (AM/PM)? | : <input type="radio"/> Morning <input checked="" type="radio"/> Afternoon | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Begin Interview
Save
Cancel

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Generate the GRRS Report

9. Click GAIN-I {Conducted on...}.
10. Click Run GRRS Report (V2).
11. Select how to identify the client in the text of the report and check the box to display the full name in the report header.
12. Click Generate New GRRS.

GAIN ABS

Ver.1.1.3.8 Idaho Main Search Logout

Client Record View

Cindy Nou

Client Record

Treatment Episode 1

GAIN-I {Conducted on 9/12/2014 }

9

Select from the radio buttons to set how to identify the client:

10

☒ First Name

☐ Initials

☐ Client Number

☐ Enter your own

☒ Check to display the full name in the report header

What Language would you prefer to use?

English

Which diagnostic classification would you prefer to use?

☒ DSM-IV

☐ ICD-10

Generate New GRRS

11

DOWNLOAD THE GRRS

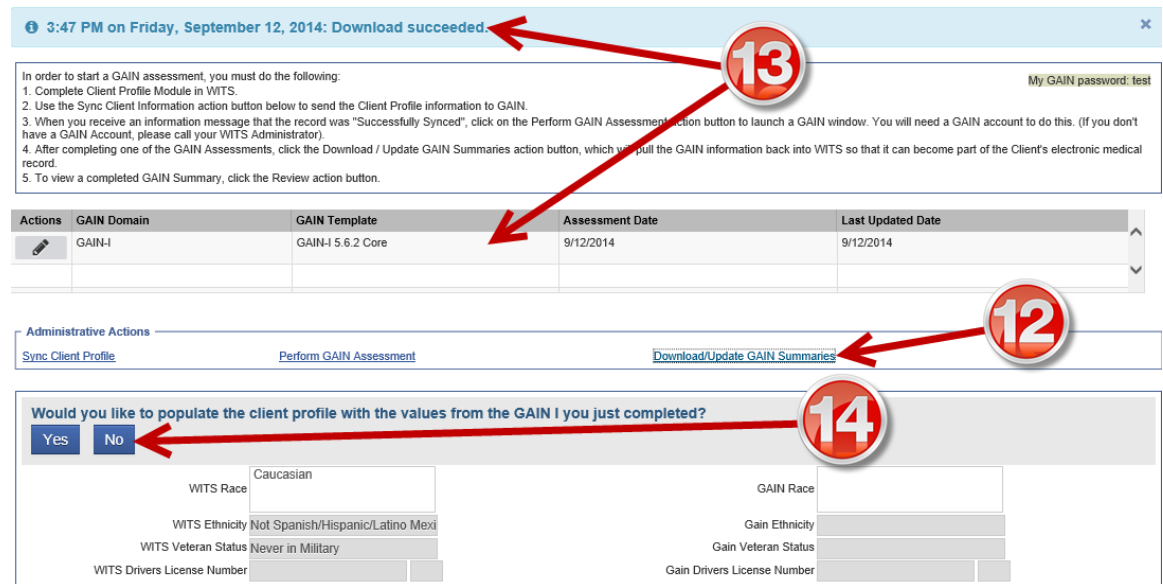
REPORT INTO WITS

NOTE: Download only the final (edited) GRRS Report into WITS. Click Sync Client Profile if necessary before downloading.

13. Click Sync Client Profile, and click Download/Update GAIN Summaries.

14. Verify GRRS downloaded successfully.

15. Select **No** when asked populate the client profile with the values from the GAIN-I you just completed.



3:47 PM on Friday, September 12, 2014: Download succeeded.

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4. After completing one of the GAIN Assessments, click the Download / Update GAIN Summaries action button, which will pull the GAIN information back into WITS so that it can become part of the Client's electronic medical record.
5. To view a completed GAIN Summary, click the Review action button.

My GAIN password: test

| Actions | GAIN Domain | GAIN Template | Assessment Date | Last Updated Date |
|---------|-------------|-------------------|-----------------|-------------------|
| | GAIN-I | GAIN-I 5.6.2 Core | 9/12/2014 | 9/12/2014 |

Administrative Actions

[Sync Client Profile](#) [Perform GAIN Assessment](#) [Download/Update GAIN Summaries](#)

Would you like to populate the client profile with the values from the GAIN I you just completed?

| | | | |
|-----------------------------|----------------------------------|-----------------------------|--|
| WITS Race | Caucasian | GAIN Race | |
| WITS Ethnicity | Not Spanish/Hispanic/Latino Mexi | Gain Ethnicity | |
| WITS Veteran Status | Never in Military | Gain Veteran Status | |
| WITS Drivers License Number | | Gain Drivers License Number | |

CREATE A CONSENT TO DHW CONTRACTOR

1. Click **Consent** under the **Activity List** on the Navigation Pane (left menu) and click **Add New Client Consent Record**.
2. Select **DHW Contractor** in **Disclosed to Agency** and enter a **Purpose for Disclosure**.
3. Enter the **Intake Date** as the **Earliest date of services to be consented**. Select **Yes** for **Has the client signed the paper agreement form**.
4. Click **Save**.

NOTE: The Disclosure Selection has been preset to include the records that need to be consented.

The screenshot shows the 'Client Consent List' table at the top, which is currently empty. Below it is the 'Client Disclosure Agreement' form. The form contains the following fields and options:

- Note:** Consented information may not be redisclosed.
- Client Name:** Belcher, Gene
- Unique Client Number:** 10906196468207E
- Disclosed From Agency:** Provider Training Agency
- Entities with Disclosure Agreements:** DHW Contractor
- System Agency:** Yes
- Disclosed To Agency:** DHW Contractor
- Disclosed To Entity (Non System Agency):** (Empty)
- Purpose for disclosure:** Referral for IYTP Program
- Earliest date of services to be consented:** 11/1/2014
- Has the client signed the paper agreement form:** Yes
- Client signed consent:** 11/5/14
- Client Information Options:**
 - ASAM
 - CAFAS® Assessment
 - CALOCUS Assessment
 - Client Eligibility
 - Court Monitoring Form
 - Crisis Evaluation
 - Discharge/Continuing Care Plc
 - Dispensary Order Detail
 - Drug Test Results
 - ECourt Admission
 - ECourt Case Management
- Consent Expires Upon:**
 - ☐ Discharge(UD)
 - ☐ Date Signed(DS)
 - ☐ Other Event(OE)
 - ☐ Crim Just Cond (CJC)
- Disclosure Selection:**
 - Admission (UD, +365)
 - Client Information (Profile) (UD, +365)
 - Consent (UD, +365)
 - Discharge (UD, +365)
 - GAIN-I Summary (UD, +365)
 - GAIN-M90 (UD, +365)
 - GPRA Interview (UD, +365)
 - Intake Transaction (UD, +365)
- Other Disclosures:** (Empty)
- Comments:** (Empty)
- Buttons:** Cancel, Save, Finish

Red arrows with numbers 1 through 4 indicate the steps: 1. Click 'Consent' in the left navigation pane. 2. Select 'DHW Contractor' in 'Disclosed to Agency' and enter a 'Purpose for Disclosure'. 3. Enter the 'Intake Date' as the 'Earliest date of services to be consented' and select 'Yes' for 'Has the client signed the paper agreement form'. 4. Click 'Save'.

CREATE THE REFERRAL TO DHW CONTRACTOR

1. Click **Create Referral Using this Disclosure Agreement**.
2. Select the **Reason**.
3. Select **Yes** for **Is Consent Verification Required?** and **Is Consent Verified?**. Select **No** for **Continue this Episode of Care?**.
4. Select **Central Office** for **Facility** and **IYTP** for **Program**.
5. Click **Save** and **Finish**.

Client Disclosure Agreement

Create Referral Using this Disclosure Agreement

Note: Consented information may not be redisclosed.

Client Name: Nou, Cindy

Unique Client Number: 209111960000031

Disclosed From Agency: Department of Health & Welfare

Entities with Disclosure

Agreements DHW Contractor

System Agency Yes

Disclosed To Agency DHW Contractor

Disclosed To Entity (Non System Agency)

Purpose for disclosure Referral for Client Treatment

Earliest date of services to be consented 9/10/2014

Has the client signed the paper agreement form Yes

Date client signed consent 9/12/2014

Client Information Options

Admission

ASAM

CAFAS® Assessment

CALOCUS Assessment

Client Eligibility

Court Monitoring Form

Discharge

Discharge/Continuing Care Plan

Dispensary Order Detail

Consent Expires Upon

Discharge(UD) +Days

Date Signed(DS) +Days

Other Event(OE) Exp

Crim Just Cond (CJC) Exp

Description

Disclosure Selection

Client Information (Profile) (UD, +365)

Consent (UD, +365)

GAIN-I Summary (UD, +365)

Intake Transaction (UD, +365)

Referral

Referred By

Agency Provider Training Agency

Facility Treatment Location 1

Staff Member Schreiber, Kymberlee

Program Treatment Location 1/IYTP : 12/8/2014 -

State Reporting Category Adolescent GAIN-I Assessment

Reason Client requested referral

If Other

Is Consent Verification Required? Yes

Is Consent Verified? Yes

Continue This Episode of Care? No

Comments

Referral Status Referral Created/Pending

Referral Date 12/15/2014

Projected End Date

Created Date 12/15/2014 2:20 PM

Referred To

Signed Consents DHW Contractor

Agency DHW Contractor

Facility Central Office

Staff Member

Program IYTP (I)

State Reporting Category

Non-System Agency

Non-System Modality

Non-System Specifier

Appt Date Undetermined

Consents Granted

Consent Date: 11/1/2014

Disclosure Domains:

Admission (UD, +365)

Client Information (Profile) (UD, +365)

Consent (UD, +365)

Discharge (UD, +365)

GAIN-I Summary (UD, +365)

Cancel

Save


Finish

CREATE THE ADMISSION

1. Click **Admission** on the Navigation Pane (left menu).

2. The Admission Profile will appear.
Complete all required fields.

NOTE: # of Prior SA Tx Admissions, Client Reported Health Status, Mental Health Problem, and Education values will populate from the GAIN-I Assessment.

3. Click  to advance to the Financial Info screen.

Home Page

Agency Contacts

Agency

Group List

Clinical Dashboard

Authorization Dashboard

Client List

Client Profile

Gain Short Screener

Eligibility Screener

Benefit Application

Linked Consents

Contacts

Non-Episode Contact

Activity List

Intake

Fee Determination

Drug Testing

Wait List

Screening

Assessments

Diagnosis List

Admission

Client Activity List

| Actions | Activity | Activity Date | Created Date |
|---------|------------------------------|---------------|--------------|
| | Client Information (Profile) | 11/26/2014 | 11/25/2014 |
| | Intake Transaction | 11/26/2014 | 11/26/2014 |
| | GAIN-I Summary | 12/2/2014 | 12/2/2014 |

Admission Profile

Full Name: Belcher, Gene

Residence/Borough: ADA

Referral Source: Other Treatment Provider

Race: Caucasian

Gender: Male

Not Spanish/Hispanic/Latino

DOB: 9/6/1996

Ethnicity: Mexican

Age: 18

Basis for Decision

Potential Client for SA

Potential Client for MH

Potential Client for TBI

Est. Duration of TX (days)

Treating Here For Substance...

Client Type

Admission Type Admission

Admission Staff Schreiber, Kymberlee

Latest TB Test Date

Admission Date 11/25/2014

Codependent/Collateral No

TB Test Results Negative

of Prior SA TX Admissions 1

Client Reported Health Status

of SA Hospitalizations in Past 6 Months

Mental Health Problem No

ER Visits for MH Issues

Methadone Treatment Planned No

of Prior MH Hospitalizations

Education High School Diploma (Not GED)

of Months Since Last Discharge

of times the client has attended a self-help program in the 30 days preceding the date of admission to treatment services. Includes attendance at AA, NA, and other self-help/mutual support groups focused on recovery from substance abuse and dependence

No attendance in the past month

Administrative Checklist

Intake and Approval Form

Triple Consent for Release

Court Release

Client Rights

Consent to Treat


Selected Items

Cancel Save Finish

Complete the Admission – Financial Information, Household Composition, & Substance Abuse


4. Complete all required fields.

NOTE: Employment Status, Primary Income Source, Marital Status, and Living Arrangement values will populate from the GAIN-I Assessment.

5. Click  to advance to the Substance Abuse screen.

6. Complete all required fields.

NOTE: Primary Substance, Secondary Substance, Tertiary Substance, and At what age did the client FIRST use the substances indicated above values will populate from the GAIN-I Assessment.

7. Click Save and click  to advance to the Legal History screen.

Admission

Financial Info

Employment Status: Employed-Part Time (4)

Primary Income Src: Employment Wages

Expected Payment Src: DHW/BPA

Insurance Type: None

Other Income Sources: Veterans Administration, Disability, None

Other Income Sources Selected:

Household Composition



Household Composition: Client Lives With Relatives

Marital Status: Never Married - Single

Living Arrangement: In-Household w/ Relatives (# of People Living With Client: 3)

Relation to Client: Aunt(s), Brother(s), Daughter(s)

Living with Client: (5)

Cancel Save Finish  

Admission

Substance Abuse

| Rank | Substance | Severity | Frequency | Method | Detailed Drug Code |
|------------|----------------|-------------------------------|--------------|-------------|-----------------------|
| Primary: | <u>Alcohol</u> | <u>Severe Problem/Dysf...</u> | <u>Daily</u> | <u>Oral</u> | <u>Alcohol</u> |
| Secondary: | <u>None</u> | <u>N/A</u> | <u>N/A</u> | <u>N/A</u> | <u>Not Applicable</u> |
| Tertiary: | <u>None</u> | <u>N/A</u> | <u>N/A</u> | <u>N/A</u> | <u>Not Applicable</u> |

At what age did the client FIRST use the substances indicated above (if unknown, enter '97') Primary: 15 Secondary: 96 Tertiary: 96 (6)

of DAYS since LAST use of the substances indicated above: Primary: Secondary: Tertiary:



of Days Abstinent in Last 30 Days: Other Addictions: Alcohol

of Days in Support Group in Last 30 Days: Selected Other Addictions:

of Days Attended AA/NA/Similar Meetings in Last 30 Days: Does Client Currently Use Tobacco:


Comments: (7)

Substance Note:

Cancel Save Finish  

Complete the Admission – Legal History & ASAM

8. Enter # of Arrests in Past 30 days.

9. Click  to advance to the ASAM screen.

10. Enter the Level of Care for each Dimension.

NOTE: Comments under each Dimension will populate from the GAIN-I Assessment.

11. Review and update Comments under each Dimension, as needed.

12. Click **Save** and click  to advance to the Client Diagnosis screen.

Admission

Legal History

Legal Status

Case Pending
Probation
Parole
Incarcerated

>
<

Selected Legal Status

Drug Court Participation

of Arrests in Lifetime
of Arrests in Past 12 Months
of Arrests in Past 30 Days

8

9

Cancel Save Finish

ASAM — PPC2R

Dimension
1 - Acute Intoxication and/or Withdrawal Potential

Level of Risk
Level of Care: I.O Outpatient

01/01/2015: Monitor for change in intoxication or withdrawal symptoms. 12/04/2014: Engaging in detoxification services if needed. Gene reported no current lifetime history of withdrawal symptoms or detoxification services. Based on information provided.

2 - Biomedical Conditions and Complications

Level of Risk
Level of Care: I.O Outpatient

During the past year, Gene rated his overall health as [MISSING DATA]. Gene reported standing about [MISSING DATA] inches tall and weighing approximately [MISSING DATA] pounds without shoes. According to these statistics, underweight.

3 - Emotional, Behavioral, or Cognitive Conditions and Complications

Level of Risk
Level of Care: I.O Outpatient

Gene scored in the no/minimal range of the Cognitive Impairment Screen at the time of the evaluation. 04/01/2015: Monitoring for change in Gene's emotional, behavioral, or cognitive

4 - Readiness to Change

Level of Risk
Level of Care: I.O Outpatient

12/04/2014: Staff should check for a possible misunderstanding of the problem or the treatment history and explain or recode as necessary. Gene reports a history of substance use treatment but no history of substance use problems. None Reported. Based on Gene's

5 - Relapse, Continued Use, or Continued Problem Potential

Level of Risk
Level of Care: I.O Outpatient

Combined with the problems above and risks from the recovery environment below, the following conditions are possible influences on Gene's risk of relapse or continued use. None reported.

6 - Recovery / Living Environment

Level of Risk
Level of Care: I.O Outpatient

The following are features of Gene's environment that may be critical to recovery: [No information]

Recommended Level of Care: I.O Outpatient
Actual Level of Care:

Clinical Override:

Comments:

ASAM Notes

Cancel Save Finish

11

12

Complete the Admission – Client Diagnosis

13. Enter a Primary Diagnosis.

14. Click Save and Finish.

Client Diagnosis

Primary305.00-Alcohol Abuse(DSM IV)

Secondary

Tertiary

Based on Clinical Impressions?

Based on Clinical Impressions?

Axis I

| Code | Description | Specifier | Principal | Created/Updated |
|------|-------------|-----------|-----------|-----------------|
| | | | | |
| | | | | |

Axis II

| Code | Description | Specifier | Principal | Created/Updated |
|------|-------------|-----------|-----------|-----------------|
| | | | | |
| | | | | |

Axis III

| Code | Description | Specifier | Principal | Created/Updated |
|------|-------------|-----------|-----------|-----------------|
| | | | | |
| | | | | |

Axis IV

| Code | Description | Specifier | Principal | Created/Updated |
|------|-------------|-----------|-----------|-----------------|
| | | | | |
| | | | | |

Axis V

Edit Axis Evaluation

Cancel

Save

Finish

CREATE THE CLIENT GROUP ENROLLMENT

1. Click **Client Profile** on the Navigation Pane (left menu). Click **Client Group Enrollment**.
2. Click **Add Government Contract Enrollment**.
3. Select the **IYTP Contract** and enter a **Start Date**.
4. Click **Save**.

The screenshot shows the 'Client Group Enrollment' form. On the left is a navigation pane with a blue header and white background. The 'Client Profile' section is expanded, and 'Client Group Enrollment' is selected. A red circle with the number '1' is over the 'Client Group Enrollment' link. The main form area has a blue header with 'Payor List' and two buttons: 'Add Benefit Plan Enrollment' and 'Add Government Contract Enrollment'. A red circle with the number '2' is over the 'Add Government Contract Enrollment' button. Below the header is a table with columns: Actions, Priority, Plan, Group, Contract, Subscriber/ Acct#, Subscriber/ Resp Party, Start Date, and End Date. Below the table is a section titled 'Benefit Plan/Private Pay Billing Information' with fields for Payor-Type, Alternate Names, Policy #, Plan-Group, and Payment Scale. Below this is a section titled 'Subscriber/ Responsible Party:' with fields for First Name, Middle, Last Name, Birthdate, Gender, and Subscriber #. A red circle with the number '3' is over the 'Subscriber #' field. At the bottom right are 'Cancel' and 'Save' buttons. A red circle with the number '4' is over the 'Save' button.

Home Page
Agency Contacts
Agency
Group List
Clinical Dashboard
Authorization Dashboard
Client List
Client Profile
Alternate Names
Additional Information
Military Information
Contact Info
Collateral/Cust. Contacts
Other Numbers
History
Client Group Enrollment
Authorization

Payor List

Add Benefit Plan Enrollment Add Government Contract Enrollment

| Actions | Priority | Plan | Group | Contract | Subscriber/ Acct# | Subscriber/ Resp Party | Start Date | End Date |
|---------|----------|------|-------|----------|-------------------|------------------------|------------|----------|
| | | | | | | | | |

Benefit Plan/Private Pay Billing Information

Payor-Type: [] Plan-Group: []
 Alternate Names: [] Policy #: []
 Age Start: [] End: [] Payment Scale: []
 Eligibility Category: [] Relationship to Subscriber/ Responsible Party: []

Subscriber/ Responsible Party:

First Name: [] Middle: [] Last Name: []
 Birthdate: [] Gender: [] Subscriber #: []
 Address 1: []

Government Contract Billing Information

Plan Type: Government Contract Payor Priority: [] Order: 1
 Contract: IYTP1_DHW-Provider Training... Start Date: 12/08/2014
 Plan-Group: IYTP-IYTP End Date: []
 Subscriber #: 20104194098701P

Administrative Actions: []

Cancel Save

ENROLLMENT

4. Click **Save** and **Finish**.

Cancel Save Finish

COMPLETE THE GPRA

NOTE: Follow the steps below when completing the GPRA Intake, GPRA 3 Month Followup, GPRA 6 Month Followup, and GPRA Discharge.

1. Select **Activity List** on the Navigation Pane (left menu).
2. Click **GPRA** on the Navigation Pane (left menu).
3. Click **Add GPRA Intake**, **Add GPRA 3 Month Followup**, **Add GPRA 6 Month Followup**, or **GPRA Discharge**.
4. Complete the GPRA assessment.
5. Click **Finish**.

| Home Page | Client Activity List |
|-------------------------|----------------------|
| Agency Contacts | |
| Agency | |
| Group List | |
| Clinical Dashboard | |
| Authorization Dashboard | |
| Client List | |
| Client Profile | |
| Gain Short Screener | |
| Eligibility Screener | |
| Benefit Application | |
| Linked Consents | |
| Contacts | |
| Non-Episode Contact | |
| Activity List | |
| Intake | |
| Fee Determination | |
| Drug Testing | |
| Wait List | |
| Screening | |
| Assessments | |
| Diagnosis List | |
| Admission | |
| Program Enroll | |
| Encounters | |
| Notes | |
| ASAM | |
| Treatment | |
| Continuing Care | |
| Discharge | |
| Recovery Plan | |
| Recovery Plan Rvw | |
| Consent | |
| GPRA | |

| Action | Interview Type | Client type | Interview Date | Record Status |
|--------|----------------|------------------|----------------|---------------|
| Intake | | Treatment Client | 12/8/2014 | Completed |

10906196468207E | 1 Clear Client

A. RECORD MANAGEMENT

Unique Client Number: 10906196468207E
 Contract/Client ID: T0225324
 Client Type: Treatment Client

Interview Type: Intake

Did you conduct an interview? ☒ Yes ☐ No

Interview Date: 12/10/2014

Was the client screened by your program for co-occurring mental health and substance use disorders? ☒ Yes ☐ No

Did the client screen positive for co-occurring mental health and substance use disorders? ☐ Yes ☒ No

Created Date:
 Created By:
 Updated Date:
 Updated By:
 Upload Action:
 Upload Status:
 Number of Upload Errors:
 Upload Date:
 Response Date:
 Cancel

8. In the past 30 days, how often have you been hit, kicked, slapped, or otherwise physically hurt? Never

G. SOCIAL CONNECTEDNESS

1. In the past 30 days, did you attend any voluntary self-help groups for recovery that were not affiliated with a religious or faith-based organization? (In other words, did you participate in a non-professional, peer-operated organization that is devoted to helping individuals who have addiction related problems such as: Alcoholics Anonymous, Narcotics Anonymous, Oxford House, Secular Organization for Sobriety, or ... Sobriety, etc.)

No Times RF/DK Not Applicable

2. In the past 30 days, did you attend any religious/faith affiliated groups?

No Times RF/DK Not Applicable

3. In the past 30 days, did you attend meetings of organizations that support recovery more than the organizations described above?

No Times RF/DK Not Applicable

4. In the past 30 days, did you have interaction with family and/or friends that are supportive of your recovery?

Yes

5. To whom do you turn when you are having trouble?

Family member

Other (Specify):

Cancel Finish

CREATE A PROVISIONAL VOUCHER

1. Click **Client Profile**, and click **Authorization**.
2. Click **Add New Authorization Record**.
3. **Group Enrollment**, **Plan**, and **Contract**, will default to **IYTP**.
4. Enter the **End Date** of your request. This date should not exceed 6 months. The **Effective Date** defaults to the date of entry; change this as necessary.
5. Enter a note in the **Comments** box that the **GAIN has been completed and consented**.
6. Click **Save**, then click **Add Service**.

The screenshot shows the 'Authorization List' table at the top with columns: Actions, Auth #, Payer, Status, Effective Date, End Date, Authorized, Encumbered, Expended, Available, and Last Activity Date. A red circle with the number 2 points to the 'Add New Authorization Record' link in the top right corner.

On the left sidebar, a red circle with the number 1 points to the 'Client Profile' link under the 'Client List' section.

The 'Authorization' form below contains several fields:

- 'Group Enrollment' and 'Plan' are dropdown menus both set to 'IYTP'.
- 'Status' is a dropdown set to 'Active'.
- 'Contract' is a dropdown set to 'IYTP1 - DHW-Provider Training (IYTP) / 10/1/2013 - 9/30/2017 - IYTP-IYTP'.
- 'Authorization #' is a text field.
- 'Date Approved' is a date field set to '12/9/2014'.
- 'Administering Agency' is a dropdown set to 'Provider Training Agency'.
- 'Effective Date' is a date field set to '12/9/2014'.
- 'End Date' is a date field set to '06/09/2015'.
- 'Comments' is a text area containing the text 'GAIN has been completed and consented'.

 Red circles with numbers 3 through 5 point to these respective fields.

Below the form is the 'Authorized Services List' table with columns: Actions, Service, Authorized Units, Authorization Amt, Encumbered, Expended, and Available Units. A red circle with the number 6 points to the 'Add Service' link in the top right corner of this table.

At the bottom right, there is a summary section with the following values:

- Total Authorized: 0.0
- Total Encumbered: 0.0
- Total Expended: 0.0
- Total Available: 0.0

 Below these values are three buttons: 'Cancel' (red), 'Save' (green), and 'Finish' (blue).

7. Choose **IYTP GPRA Interview** as the **Service**. Enter **four (4)** units as **# Authorized Units**.

8. Click **Save** and **Finish**.

9. Choose **IYTP Treatment Program Services** as the **Service**. Enter **250** units as **# Authorized Units**

10. Click **Save** and **Finish**.

11. Click **Save** and **Finish**, again.

Authorized Services

Service

GPRA Interview (IYTP)

Authorization #

2206

Authorized Units

4

Used Units

0

Authorized Amount

\$93.08

Cancel

Save

Finish

Authorized Services

Service

IYTP Treatment Program Services

Authorization #

2206

Authorized Units

350

Used Units

0

Authorized Amount

\$3,234.00

Cancel

Save

Finish

Authorization

Group Enrollment

IYTP

Plan

IYTP

Authorization #

2206

Administering Agency

Provider Training Agency

Effective Date

12/9/2014

End Date

6/9/2015

Status

Provisional

Contract

IYTP1 - DHW-Provider Training (IYTP) / 10/1/2013 - 9/30/2017 - IYTP-IYTP

Date Approved

12/9/2014

Updated Date

12/9/2014 3:54 PM

Updated By

Schreiber, Kymberlee

Comments

GAIN has been completed and consented.

Authorized Services List

| Actions | Service | Authorized Units | Authorization Amt | Encumbered | Expended | Available Units |
|---------|-----------------------|------------------|-------------------|------------|----------|-----------------|
| | GPRA Interview (IYTP) | 4 | \$93.08 | \$0.00 | \$0.00 | 4.00 |
| | Outpatient | 350 | \$3,234.00 | \$0.00 | \$0.00 | 350.00 |

Actions

Cancel

Save

Finish